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L	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT						-10			30
•1	f the differen	ce in column 1	s less than	less than zero, enter "0" in c			Ľ	+135=			+270=	<u>- </u>	
	n 11 nC	CLAIMS AS	AMEND	MENDED - DADT H			A	TOTAL		0	R TOTAL		7/6
2-15-05 CLAIMS AS AMENDED - PART II						_(Column 3)		SMALL	ENTIT	OR	OTHE SMAL		
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_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X4U=	├	OR	X80=	4	
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L	INST PHESE	NTATION OF MIL	LTIPLE DE	PENDENT C	LAIM		X4	0=		OR	X80≈		
11 1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270=		
17	he "Highest Num "Highest Num	mber Previously Paid ber Previously Paid	id For IN TH	IS SPACE is le	ss than : ss than : is than :	zv, enter "20." 3, enter "3."	ADDIT	FEE		OR A	TOTAL DOIT. FEE		4
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